

# CONFERENCE REGISTRATION FORM

## CDC 2001 CANCER CONFERENCE

### USING SCIENCE TO BUILD COMPREHENSIVE CANCER PROGRAMS: A 2001 ODYSSEY

**EARLY REGISTRATION FORMS MUST BE RECEIVED BY JUNE 1, 2001**

Please check one: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.

Name: \_\_\_\_\_ Degrees: \_\_\_\_\_

Title: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

☐ Special Needs: \_\_\_\_\_

CDC and PSA will ensure that all ADA and special needs requirements are addressed.

#### REGISTRATION FEES PAYABLE TO: AMERICAN CANCER SOCIETY (ACS)

Early Registration (through June 1, 2001)\* — \$150.00

\*Will receive the first Short Course mailing

Pre- Registration (between June 2-July 20, 2001) — \$175.00

Late and On-Site Registration (between July 21-September 6, 2001)<sup>†</sup> — \$200.00

<sup>†</sup>Will not be included in Pre-Registered Participants Directory

One Day Registration — \$75.00

**Registration Includes:** Continuing education credit based on 19.5 hours of instruction, including, short course (skill building) workshops, a wide variety of topic discussions, plenary panel presentations, and abstract presentations, conference satchel and bag tag, CDC lanyard, exhibits, beverages at morning and afternoon breaks, and a welcome reception.

**Cancellations and Substitutions:** If you are unable to attend the conference, you may send a substitute. Substitutions can be made at any time, including on-site at the conference for no additional fees. Registration fees for cancellations will be refunded, less a \$25.00 processing fee, if received no later than 5:00 pm on August 15, 2001. Registration fees for cancellations received after August 15, 2001, are non-refundable.

**Submit your Registration Form and fees in the enclosed return envelope addressed to:**

American Cancer Society, National Home Office  
Attn: CDC's 2001 Cancer Conference  
1599 Clifton Road, NE  
Atlanta, GA 30329

**For questions relating to receipt of conference registration, cancellations, or substitutions, you may contact:**

Professional and Scientific Associates, Inc. (PSA)  
Attn: Laura Shelton, CMP  
2957 Clairmont Road, NE, Suite 480  
Atlanta, GA 30329  
Ph: 404-633-6869/Fax: 404-633-6477  
E-mail: l\_shelton@psava.com

#### PLEASE MAKE CHECK PAYABLE TO AMERICAN CANCER SOCIETY

##### PAYMENT TYPE:

☐ Check No.: \_\_\_\_\_

Credit Card: ☐ VISA ☐ American Express ☐ MasterCard ☐ Discover

Name as it appears on Credit Card: \_\_\_\_\_

Credit Card No.: \_\_\_\_\_

Exp. Date: \_\_\_\_\_